**FIRAZYR (icatibant) 30 mg solution for injection in pre-filled syringe**

**PRESCRIBING INFORMATION FOR GREAT BRITAIN (ENGLAND, SCOTLAND, WALES)**

**Refer to the Summary of Product Characteristics (SmPC) before prescribing**

**Presentation:** Each pre-filled syringe of 3 ml contains icatibant acetate equivalent to 30 mg icatibant (10 mg/ml of icatibant). **Indication:** Firazyr is indicated for symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adults, adolescents and children aged 2 years and older, with C1-esterase-inhibitor deficiency. **Dosage and administration:** Firazyr is intended for use under the guidance of a healthcare professional. Posology: Adults: The recommended dose is a single subcutaneous injection of 30 mg. In the majority of cases a single injection is sufficient to treat an attack. In case of insufficient relief or recurrence of symptoms, a second injection can be administered after 6 hours. If the second injection produces insufficient relief or a recurrence of symptoms is observed, a third injection can be administered after a further 6 hours. No more than 3 injections should be administered in a 24 - hour period. In the clinical trials, not more than 8 injections per month have been administered. Children: The recommended dose is based on body weight in children and adolescents (aged 2 to 17 years), doses range from 10 to 30 mg, please refer to the SmPC for specific dosing. In the clinical trial, not more than 1 injection per HAE attack has been administered. No dosage regimen for children aged less than 2 years or weighing less than 12 kg can be recommended as the safety and efficacy in this paediatric group has not been established. Elderly: Limited information is available on patients older than 65 years of age. Elderly patients have been shown to have increased systemic exposure to icatibant. The relevance of this to the safety of Firazyr is unknown. Renal and hepatic impairment: No dosage adjustment is required. Method of administration: Firazyr injections are for subcutaneous administration, preferably in the abdominal area. They are for single use only, intended for use under the guidance of a healthcare professional. Injection should be given slowly due to the large volume to be administered. Refer to the patient information leaflet for instructions for use. Caregiver/self-administration: The decision on initiating caregiver or self-administration of Firazyr should only be taken by a physician experienced in the diagnosis and treatment of HAE. Firazyr may be self-administered (in adults only) or administered by a caregiver only after training in subcutaneous injection technique by a healthcare professional. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Laryngeal attacks: Patients with laryngeal attacks should be managed in an appropriate medical institution after injection until the physician considers discharge to be safe. Ischaemic heart disease: Under ischaemic conditions a deterioration of cardiac function and a decrease in coronary blood flow could theoretically arise from antagonism of bradykinin receptor type 2. Caution should therefore be observed in the administration of Firazyr to patients with acute ischaemic heart disease or unstable angina pectoris. Stroke: Although there is evidence to support a beneficial effect of B2 receptor blockade immediately following a stroke, there is a theoretical possibility that icatibant may attenuate the positive late phase neuroprotective effects of bradykinin. Caution should be observed in the administration of icatibant to patients in the weeks following a stroke. Caregiver/self-administration: For patients who have never received Firazyr previously, the first treatment should be given in a medical institution or under the guidance of a physician. In case of insufficient relief or recurrence of symptoms after self-treatment or administration by a caregiver, it is recommended that the patient or caregiver should seek medical advice. For adults, subsequent doses required for the same attack should be given in a medical institution. There are no data on administering subsequent doses for the same attack in adolescents or children. Patients experiencing a laryngeal attack should always seek medical advice and be observed in a medical institution also after having taken the injection at home. Paediatric population: Limited experience with treatment of more than one HAE attack with Firazyr in the paediatric population. **Interactions:** Interactions involving CYP450 are not expected. Co-administration of Firazyr with ACE inhibitors has not been studied. ACE inhibitors are contraindicated in HAE patients due to possible enhancement of bradykinin levels. **Fertility, pregnancy and lactation:** Firazyr should be used during pregnancy only if the potential benefit justifies the potential risk for the foetus (e.g., for treatment of potentially life-threatening laryngeal attacks). It is unknown whether icatibant is excreted in human breast milk but it is recommended that breast-feeding women should not breast-feed for 12 hours after treatment. **Effects on ability to drive and use machines:** Firazyr has minor influence on the ability to drive or use machines. Patients should be advised not to drive or use machines if they feel tired or dizzy. **Undesirable effects:** Very common (≥1/10)**:** Injection site reactions (injection site bruising, injection site haematoma, injection site burning, injection site erythema, injection site hypoesthesia, injection site irritation, injection site numbness, injection site oedema, injection site pain, injection site pressure sensation, injection site pruritus, injection site swelling, injection site urticaria, and injection site warmth). Common (≥1/100 to <1/10): Dizziness, headache, nausea, rash, erythema, pruritus, pyrexia and increased transaminases. **Refer to the SmPC for details on full side effect and interactions. UK basic NHS price:** Pack of one pre-filled syringe with one needle: £1395.00. **Legal category:** POM. **Marketing authorisation number:** PLGB 54937/0004. **Business responsible for sale and supply:** Takeda UK Limited, 1 Kingdom Street, W2 6BD, London, United Kingdom. **PI approval code:** pi-01945. **Date of preparation:** March 2022.

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Takeda at: AE.GBR-IRL@takeda.com

**FIRAZYR (icatibant) 30 mg solution for injection in pre-filled syringe**

**PRESCRIBING INFORMATION FOR NORTHERN IRELAND**

**Refer to the Summary of Product Characteristics (SmPC) before prescribing**

**Presentation:** Each pre-filled syringe of 3 ml contains icatibant acetate equivalent to 30 mg icatibant (10 mg/ml of icatibant). **Indication:** Firazyr is indicated for symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adults, adolescents and children aged 2 years and older, with C1-esterase-inhibitor deficiency. **Dosage and administration:** Firazyr is intended for use under the guidance of a healthcare professional. Posology: Adults: The recommended dose is a single subcutaneous injection of 30 mg. In the majority of cases a single injection is sufficient to treat an attack. In case of insufficient relief or recurrence of symptoms, a second injection can be administered after 6 hours. If the second injection produces insufficient relief or a recurrence of symptoms is observed, a third injection can be administered after a further 6 hours. No more than 3 injections should be administered in a 24 - hour period. In the clinical trials, not more than 8 injections per month have been administered. Children: The recommended dose is based on body weight in children and adolescents (aged 2 to 17 years), doses range from 10 to 30 mg, please refer to the SmPC for specific dosing. In the clinical trial, not more than 1 injection per HAE attack has been administered. No dosage regimen for children aged less than 2 years or weighing less than 12 kg can be recommended as the safety and efficacy in this paediatric group has not been established. Elderly: Limited information is available on patients older than 65 years of age. Elderly patients have been shown to have increased systemic exposure to icatibant. The relevance of this to the safety of Firazyr is unknown. Renal and hepatic impairment: No dosage adjustment is required. Method of administration: Firazyr injections are for subcutaneous administration, preferably in the abdominal area. They are for single use only, intended for use under the guidance of a healthcare professional. Injection should be given slowly due to the large volume to be administered. Refer to the patient information leaflet for instructions for use. Caregiver/self-administration: The decision on initiating caregiver or self-administration of Firazyr should only be taken by a physician experienced in the diagnosis and treatment of HAE. Firazyr may be self-administered (in adults only) or administered by a caregiver only after training in subcutaneous injection technique by a healthcare professional. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Laryngeal attacks: Patients with laryngeal attacks should be managed in an appropriate medical institution after injection until the physician considers discharge to be safe. Ischaemic heart disease: Under ischaemic conditions a deterioration of cardiac function and a decrease in coronary blood flow could theoretically arise from antagonism of bradykinin receptor type 2. Caution should therefore be observed in the administration of Firazyr to patients with acute ischaemic heart disease or unstable angina pectoris. Stroke: Although there is evidence to support a beneficial effect of B2 receptor blockade immediately following a stroke, there is a theoretical possibility that icatibant may attenuate the positive late phase neuroprotective effects of bradykinin. Caution should be observed in the administration of icatibant to patients in the weeks following a stroke. Caregiver/self-administration: For patients who have never received Firazyr previously, the first treatment should be given in a medical institution or under the guidance of a physician. In case of insufficient relief or recurrence of symptoms after self-treatment or administration by a caregiver, it is recommended that the patient or caregiver should seek medical advice. For adults, subsequent doses required for the same attack should be given in a medical institution. There are no data on administering subsequent doses for the same attack in adolescents or children. Patients experiencing a laryngeal attack should always seek medical advice and be observed in a medical institution also after having taken the injection at home. Paediatric population: Limited experience with treatment of more than one HAE attack with Firazyr in the paediatric population. **Interactions:** Interactions involving CYP450 are not expected. Co-administration of Firazyr with ACE inhibitors has not been studied. ACE inhibitors are contraindicated in HAE patients due to possible enhancement of bradykinin levels. **Fertility, pregnancy and lactation:** Firazyr should be used during pregnancy only if the potential benefit justifies the potential risk for the foetus (e.g., for treatment of potentially life-threatening laryngeal attacks). It is unknown whether icatibant is excreted in human breast milk but it is recommended that breast-feeding women should not breast-feed for 12 hours after treatment. **Effects on ability to drive and use machines:** Firazyr has minor influence on the ability to drive or use machines. Patients should be advised not to drive or use machines if they feel tired or dizzy. **Undesirable effects:** Very common (≥1/10)**:** Injection site reactions (injection site bruising, injection site haematoma, injection site burning, injection site erythema, injection site hypoesthesia, injection site irritation, injection site numbness, injection site oedema, injection site pain, injection site pressure sensation, injection site pruritus, injection site swelling, injection site urticaria, and injection site warmth). Common (≥1/100 to <1/10): Dizziness, headache, nausea, rash, erythema, pruritus, pyrexia and increased transaminases. **Refer to the SmPC for details on full side effect and interactions. UK basic NHS price:** Pack of one pre-filled syringe with one needle: £1395.00. **Legal category:** POM. **Marketing authorisation number:** EU/1/08/461/001. **Business responsible for sale and supply:** Takeda UK Limited, 1 Kingdom Street, London, W2 6BD, United Kingdom. **PI approval code:** pi-01946. **Date of preparation:** March 2022.

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Takeda at: AE.GBR-IRL@takeda.com